

CADUCEAN LIGHTS



A MAGAZINE OF
ART AND LITERATURE

2022

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Introduction

We are pleased to release the third annual edition of *Caducean Lights*, the journal of art and literature of the Katherine Swan Ginsburg Humanism in Medicine Program at Beth Israel Deaconess Medical Center.

Through this journal, it is our hope that Caducean Lights will continue to serve as a beacon for Beth Israel Deaconess Medical Center's dedication to humanism and patient-centered care by guiding artistic reflections unique to the transformative health care experience.

The creativity of the BIDMC community is warmly reflected in these pages. We hope you enjoy!

Warm regards,

Samantha Pop, MD
Co-Editor, *Caducean Lights*
KSG Fellow, 2019-2020

Jonathan Crocker, MD
Co-Editor, *Caducean Lights*
Director, Katherine Swan Ginsburg Humanism in Medicine Program

Title Origin

In antiquity the Caduceus was the magical staff entwined by two serpents belonging to Hermes in Greek mythology. Hermes gifted Apollo the musical lyre and in return Apollo presented Hermes with the Caduceus. Not to be mistaken for the Rod of Asclepius -- the Greek god of healings' staff entwined by a single serpent, the Caduceus was thought to be able to comfort the dying and even return the dead to life. While, the Caduceus may be incorrectly associated with medical care, its association with exchanging the arts for rejuvenation and healing make it fitting for a collection of art and literature dedicated to the medical humanities. In 1996 the Beth Israel Hospital merged with the Deaconess Hospital to form the new medical center. The stylized striped Caduceus that served as the mark of Beth Israel and represented compassionate, patient-centered care was joined with the flaming light from the Deaconess' ever-burning candle which represented the light of new knowledge. The symbol has guided the members of the BIDMC community throughout the years to provide humane, patient-centered care with an everlasting commitment to education and research.

Cover Photograph

“The End of the Day” by Lisa Lachance, LICSW; Center for Violence Prevention and Recovery; Department of Social Work

Katherine Swan Ginsburg

Katherine ("Kath") Swan Ginsburg, MD, MPH was a medicine intern and resident at Beth Israel Hospital, who died of cancer at age 34, shortly after completing her fellowship training. Kath was widely admired for the compassionate care she gave her patients, the warm collegiality she showed her fellow trainees, healthcare team members and hospital staff, as well as the strong intellect she demonstrated in her practice of medicine. In her memory the Katherine Swan Ginsburg (KSG) Humanism in Medicine Program was established to help foster these values in future physician trainees at Beth Israel Deaconess Medical Center, through exploring and highlighting five key tenets of humanism: Compassionate Care, Communication and Collaboration, Clinician Well-being, Reflective Practice, and the Arts and Humanities. Each year, internal medicine residents vote for winners of annual KSG awards given to the physicians (in faculty and resident categories) who best demonstrate these values in their own care of patients and work. KSG fellowships offer internal medicine residents support in completing a project in humanism in medicine during their junior or senior year of training.



It is an honor to dedicate *Caducean Lights* to the memory of Katherine Swan Ginsburg, MD.

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The Loss Inside of Us

Huma Farid, MD

Department of Obstetrics and Gynecology

In the town that I now call home, there is a graveyard where bodies of Revolutionary War soldiers are interred. Strewn among the sons and daughters of the Revolution is one solitary headstone, poking up out of the grass, covered in moss and lichen. My fingers trace the words, weathered by snow and rain and age. “In memory of...who died March 14, 1840, aged 4 months. But now that last hope is fled, that bud of promise is dead. No time on earth its glory knows.” I always linger by this worn gravestone; its haunting words force me to reflect on my identity as both a mother and an obstetrician. As a mother, I can imagine the pain that this family lived through in burying their child, and as an obstetrician, I have lived through that pain with my patients. Whenever I tell people about my job, their natural response is to exclaim how happy it must be, how lucky I am not to be in other fields of medicine where we have to give bad news and take care of the dying. True, I share in moments of exquisite hope and promise, and witness the creation of a family that occurs each time I deliver a baby. But sadness and loss mar my field as well. Women grieve more often than they should, even now, when we have so many resources at our disposal. Each loss is so profound that it leaves me unable to forget, its memory indelibly printed on my thoughts, just as much as that tangible reminder of death in the graveyard. When people tell me how happy my job is, I agree, but I also remember the moments when my job is devastating. During one of those moments, I sat at the foot of the hospital bed, faced by a wall of insurmountable sorrow. My patient’s baby had died. A bandage covered the wound from her c-section, but her grief was raw and exposed for all to see. We both sobbed as she showed me a picture of her beautiful baby, the baby who had never taken a breath outside of her womb. She wailed that she had done everything right, exercised, eaten healthy, cared fiercely for this baby, so why had it not been enough? No platitudes, no data, no facts could refute what this mother felt. I listened to her as she told me that she could never return to the home where she and her partner had hand-picked each decoration for the nursery. I held her hand as she cried and struggled to make sense of something that defied understanding. When she asked me what had gone wrong, I had no answers. At a loss for words, all I could whisper was, “I’m sorry.” In that moment, the only thing I could offer to her was to share in her pain.

The specter of death haunts the living. It is because of this specter of death that I visit the graveyard every week. I walk from my home, the cool air caressing my cheeks, and tramp through ankle-deep puddles, to pay homage to the tiny, crooked tombstone. This child, now gone for nearly two centuries—centuries where the world has changed dramatically—reminds me of the fragility and uncertainty of life. This child’s name has been obliterated by centuries of snow, rain, and the elements, but the tomb reminds me that the gossamer threads that weave together to build a life are beautiful but so incredibly delicate. It reminds me of the potential loss that lives inside each of us. Obstetrics is often not so much a science as it is an art, an art of assuaging our patients’ fears, of providing reassurance, and of commiserating with aches and pains, weight gain and stretch marks, hemorrhoids and pubic symphyseal separation. Sometimes, though,

that art is exactly what is needed. For me, the story of birth will forever be interwoven with the specter of death. I don't remember the hundreds of joyful births I have been privileged to be a part of, but I do remember each patient, each woman, each family, in whose grief I have been privileged to share. Those were the moments where I learned how to be a doctor. Those were the moments of my profession that challenged me to use the art of medicine. There is no pill, there is no treatment, there is no cure for loss. There is only our shared humanity and what we can offer to each other in those moments. These are the moments that require us to expose the deepest parts of ourselves that we keep hidden, lest the patient realize that we too are human. But it is precisely in these moments that our patients need us to be human.

Why

Johnna Marcus, LICSW
Addiction Psychiatry

They ask me
All the time
Why do you still believe? Why have you not given up?
Can you protect them with such a small army?

I don't believe in immersing myself in "success rates"
This is not medication for an infection
That can be easily monitored by testing blood
And checking viral loads

And yet,
I do want success
And I have found it before
In mornings when a patients achieve clarity
Finding ways to alleviate her worry and fear
In sitting beside someone who has chosen to deal with life without
The substance
Even knowing it will allow her instant relief
If only for moments
Ever knowing that the choice is only the initial step in a long struggle

I have cozied up to discomfort and uncertainty
Knowing just how cold it is
Knowing that sometimes it packs a punch
Because those mornings of success
Have been countered by mornings of death

And I weave in and out of confidence
Brief moments I picture myself an expert
Followed by a brutal feeling of being a fool
Wondering my effect- which could be nothing
But I never doubt the possibility
Of change, moving forward
Of peace

Clenching sand is futile
Particles escaping
Your fist in a tight grip
Ending up with emptiness
Can I find a way to hold it and not be desperate that it will go away?

“You must be ok with ambiguity and disappointment”
They say
But that is incorrect
I hate those things the most
And I am one of the few still in the fight

There are choices
To invest, believe, give of myself
Not always clear
And sometimes leave me doubting
Have I done enough? And if I have the guts to answer this-
Will you have the strength to do more the next time?
I cannot make the same mistakes

The why
Does not need to be answered very often
Because
I have no choice but to reach out
See the chance and
Give us both an opportunity to fight

I’m afraid of the injuries though
Of licking my wounds with salt water
Because failure deserves the sting
And I could have done more

I’m worried about the cost
The muscle fatigue
I cannot understand how I have run these miles
And I can hardly stop my feet from going more
It’s automatic now

Sometimes you must be foolish
Running a marathon in pain then signing up for another
Wishing for success after years of “failure”
What does success even mean now?

It can be difficult to see

Hoping organs survive even though we see the inflammation
Disease showing itself to be stronger than will-
But not always
So you keep running

I am a bit scared that I am drawn to this unstable relationship
That the promise of something good can make me walk across hot coals
Is this healthy?
I'll answer that later...
Later never comes though.

They ask me why
Faces scrunched in concern
I nod and smile

Knowing I will go back tomorrow
Knowing they will never understand

Knowing that the patient across from me looks me in the eye and realizes I have no choice-
I will be there
And maybe one day, she will be thankful for that.

Wheelchair—in the Wild

Alfredo (Freddie) Rodriguez, Administrative Assistant
Gastroenterology, Department of Medicine



What Christopher Taught Me

Christine Dindy, CCT, CRAT
Clinical Manager, Cardiac Monitor Lab

When I was young, I knew little of love and nothing of loss. Without the shell that experience can build, it was all too easy to fall madly in love with Christopher.

My career began as a technician in pediatric cardiology. Christopher was a beautiful baby despite the bluish cast to his skin that was much too common with our patients. Christopher was born with a catastrophic congenital heart defect and was not expected to live through his first day.

But he did survive that day and the next and the next, despite all odds. During his first year of life, his father left- unable to cope with the stress of a critically ill baby. His mom, Terry, fortunately had a bottomless well of strength where her son was concerned. Things were tough all that year for baby Christopher and it seemed that his first birthday would be his last. Though he was not considered a good candidate, his physicians decided to try the only option left to them and Christopher received a heart transplant. Back in those days, EKGs were used to identify early signs of tissue rejection. As it was crucial for lead placement to be consistent, each transplant patient was assigned their own EKG technician. I was Christopher's.

He thrived for a short time, but there were many complications and his other organs had been damaged during his first year of life. He endured numerous hospitalizations and treatments and survived countless medical emergencies, none of which diminished his sunny disposition. When he was three, it was determined, after surviving yet another code, that he had a deficit in his speech that he would likely never overcome. He was a smart little man, though and his mom taught him sign language so he could communicate with less frustration. As a toddler, I would blow bubbles for him to keep him still long enough to get a good quality EKG. He loved this. The first signs he learned were "please, thank you", "I love you" and "bubbles".

I lost count of the times we nearly lost him. We would take turns covering each other's assignments in clinic so each of us had the chance to go to the CCU, and stand by Christopher's bed- where he lay in a coma and intubated- so we could say our goodbyes....only to come to work the next day to hear that he woke up.

When you work with chronically ill children- when you see them for frequent clinic visits and protracted hospital stays- they become woven into the fabric of your life and you into theirs. You are given copies of their yearly school pictures which you proudly display on your bulletin board along with the crayon stick-figure pictures they drew for you. Their next clinic visit is hand written on your desk calendar with a red

heart next to it. You are invited to the special events in their lives. My husband to be proposed to me in the car on our way to Christopher's 5th birthday party.

When Christopher turned 6, his mom remarried. When he turned 7, she became pregnant. When Chris was a toddler, Terry had a bedtime ritual in which she held him in her lap on a rocking chair and sang him a lullaby. It had been years since they had done this so she was surprised when he asked her to do it one night during her second trimester. Terry told me that she thought it was just something an only child might do when he realized that he would never be the baby again. But that wasn't it at all. As she rocked and sang to him, Christopher rested his head on her shoulder, closed his eyes and died.

The wake was very hard and the funeral was worse. At the gravesite, they released a dozen helium balloons into the sky and I watched them disappear feeling as if they were carrying broken pieces of my heart with them. At that moment, I wondered if a career in medicine had been a bad choice for me. How many more pieces of my heart could I spare?

That night I dreamed. I suppose that I probably dream every night but I never seem to remember. This dream was very clear and felt very real. I was at work in my clinic. I stepped out of my exam room to see Christopher running up the hall towards me, grinning and waving. He took my hand and tugged me into the exam room. Giving me his most winning smile, he pointed at the bottle of bubbles. I scooped him up and sat him on the edge of the exam bed. And for the last time, I blew bubbles for him. There was no need for him to hold still this time. He giggled and flailed both arms wildly in his bid to pop as many bubbles as he could. When we had exhausted ourselves, I lowered him to the floor and bent down to receive a tight hug and a kiss. As we walked out of the exam room, he took a right in the hall. I was just a step or two behind him but when I turned that corner, the hall was empty. I woke with tears streaming down my face.

The part of my mind that believes in science knows that my brain manufactured this dream to give me closure. But the part of my heart that loved this child wants to believe that this was his parting gift to me. Christopher would want me to know that he left behind far more of himself in my heart than the pieces he took with him on the tails of balloons.

Falling (Franconia, NH)

Julia Stevens, PharmD, BCOP
Clinical Pharmacy Specialist for Ambulatory Oncology
Department of Pharmacology



A Twig on the Mighty River

Rebekah John

Farr 8 Unit Coordinator, Cardiac Surgery

The twig said what can I do but go with the flow

A

twig

on the mighty river flows

overwhelmed and exhausted

wet and cold by the intensity of the flow

who

am

I

against

this

mighty river

Tossed to and fro

A

twig

going

with the flow

bobbing up and down

going beneath the flow

then coming up once more

I

have

no

strength to fight

so

I

have

to

go

with the river's flow

calm waters

will eventually

come and

perhaps

I

will

be

washed

up on the river's

bed

to rest awhile

under the canopy of
blue, blue
sky
speckled
with
puffs of clouds
that
looks like
huge cotton balls
flowing from the sky
is the Golden Light
from
The
Son
no more tossed
to and fro
no more going with the flow
rest awhile little twig
And be strengthened
for you will
need
to
go with
The River Of Life's
Flow Once More

Thanksgiving 2020

John Pawlowski, MD, PhD
Department of Anesthesia

Pandemic's full swing, most states in red-
Just how do we bring ourselves outta bed?
No more to invite; they'd rather stay home
Than open to bite from Corona's genome.

We shelter in place with few who will dare.
The others find space in Residential Care.
Some order on-line or Drive-thru to find
The vittles to dine, but no peace of mind.

With no hug and/or touch, I'm barely alive.
My closest of contacts: my N-95.
Neighbors won't visit; neither will friends-
As I feel no kismet but can't make amends.

For those here and now, I only have words:
Vaccines will soon endow our health as in herds.
So, COVID will wane: in place our immunity
And return us to sane: a more thankful community.

I offer this toast: for safety and health.
Remember this most: we need well more than wealth.
To stay safe and hale, we will give up some "tithing".
With masks, we'll prevail and enjoy this Thanksgiving.

Fall Foliage via Train Window

Rebekah John

Farr 8 Unit Coordinator, Cardiac Surgery



The Save Box

Glenn Bublely, MD

Division of Hematology/Oncology, Department of Medicine

Extricating himself from his office is a gargantuan chore for Tom Murphy. After evening rounds ended he began the task by going through pendaflex folders, one by one from a filing cabinet. Initially he looked at each of the journal articles in the files, deciding if he wanted to keep them for future reference or throw it away. After just a few minutes, as the reality of his own life dawned on him, he started just tossing whole folders into the large recycling container. Why had he been holding on to these articles for so long anyway, he wondered? For years he xeroxed articles or tore them out of medical journals, meticulously filing them away. Now all these were an anachronism, as all this information is readily available from intranet sources. Still the headings of the pendaflex folders were something of a roadmap of his professional life, with carefully printed tabs encased in plastic affixed to the top of each folder, titled immune modulation and second-line chemotherapy for bladder cancer. When he collected these papers he felt that the information would guide his research or more importantly, lead to insights that would help us in the care of patients. They probably did help occasionally, but he hadn't looked at them in a long time. Tom had been planning on moving out this office gradually, the same way he was planning to retire, but because of his health, he has had to try to move up the time line. A cancer doctor for more than 40 years, his office has been a too easy repository for the flotsam and jetsam of a career.

Not everything in the office is recycling or refuse. Tom brought two smaller boxes with him from a liquor store for items he wanted to save. Obvious choices for the save box are all the framed pictures of his family arranged on a bookshelf and his desk. One of favorites is a picture of his children from many years ago, ages 8 and 5, posed on the ferry from Castle Island coming back into Boston harbor. His son and daughter are in tee shirts and cut offs, leaning against the railing on the edge of the boat, with Rowes Wharf in the background. Their smiling faces are a little too red. Being a newly single father he had, of course, forgot to pack sun block. Looking at the picture always makes him remember the smell of the ocean and the hamburgers from Sullivans. Tom remembers this as a magical day, he had negotiated the excursion without his ex. More importantly his children, he knew, had a good time.

Another picture from his bookshelf for the save box was from the last Christmas before the pandemic. It is posed picture of his whole family in front of his fireplace. He and Ann are seated in the middle. Around then standing are their children and sitting on the floor are their grandchildren, except for two youngest, 1 year old Joe in Ann's lap and 2 year old Amy in Tom's lap. Tom wrapped the picture in bubble wrap and silently prays he will be able to see the day Amy gets on the bus to kindergarten. One of the hard ships of being a physician is he can't hide in the solace of uncertainty, as one of his patients might. He knows too much. Hardest of all would be to leave his Ann, she had a hard go before they met, but over the last three decades he had given her the gift of an unconditional boundless love she never had to question. And miracle of miracles, she had given him the same.

During the time Tom has been emptying his office, the spring time's evening twilight has faded into night. The lights of the windows of the surrounding office buildings, hospital rooms and labs have begun to illumine as yellow patchwork cells in a hive. He imagines each cell having someone at a desk answering

emails or finishing notes or manuscripts. All are engaged in work that seems immediate, and even if not ultimately important, it relentlessly fills up their evenings and months and years. Tom now thinks it takes them away from their homes and families for too long until, what, they arrive at an evening when have to vacate their little yellow cell so the next person can occupy it.

Among the other things to take home are the wall hangings. There is the only one framed accolade, his medical school diploma. Although he came close, he didn't make full professor and therefore never got the coveted wall plaque proclaiming that achievement from the medical school. He can remember this as regret that felt like a raw sore that would not heal. But one good part of aging, (or dying as this is sort of the same thing) is he doesn't worry any longer about how to get papers published or how to achieve more academic stature. His days now are now filled with patient visits in which he feels he can better commiserate with his patients, having that special sort of empathy that comes from the loss of the barrier between the well and the unwell.

As Tom continues to work on cleaning out one of his many filing cabinets, he comes to a shelf with three over-stuffed pendaflex folders filled with multi colored cards and letters from patients or patient's families. These were often sent to him in often in response to condolence cards that he sent after a patient died. Over the years he very occasionally pulled a folder after a day in the clinic, reading one card at random and trying to picture the patient and his wife or son.

Despite all he has to do to continue the packing process, Tom opened a card at random. On the front is a picture of a flowers on a hill. Inside is written, "Dear Dr Murphy, I will be forever grateful for the care and compassion you gave to my husband Allen for the past 5 years. Sincerely, Jeanne Galloway, May 1998".

Tom remembers the housecall he made to Allen Galloway near the end of his life when he was on hospice. Allen and Jeanne lived in a little apartment in Newton near the Green line Riverside stop. When Tom rang the bell his wife, Jeanne answered and escorted him to the bedroom. Allen had lost so much weight he was lost in his blankets. Asleep at first, Tom put his hand on his shoulder and Allen opened his eyes and smiled before closing them again, saying nothing before going back to sleep. After Tom left his bedroom Jeanne asked if he would stay for coffee. Tom thought he wanted to get back to the office but then thought he might spare some time. They sat on a little kitchen table and Jeanne started to reminisce.

"I first met Allen a USO dance. I didn't want to go, I told my girlfriend no one will ask me to dance, I'm a wall flower. But she told me that there would be 4 guys to every girl, and she was sure I would be asked. As soon as they got into the ballroom, a handsome GI in uniform approached me and asked for the pleasure of a dance. After the dance ended he asked if I wanted some refreshments. Do you remember those old coke glass bottles? I was too nervous to drink a sip, instead I held on to bottle with sweaty palms for dear life as we sat of folding chairs". As she spoke a few tears fell down her cheek.

"I had to go home with my girlfriend as I drove us, but he told me he would call. I waited by the telephone in the upstairs hallway. I was living with my parents then. They knew something was up when I glared at my mom for talking on the phone for what I thought was too long to a neighbor. But he did call and we went to a movie. We got there a little late the house lights were down already, so he reached for my hand to guide me up the stairs of the balcony. He didn't let go even when we entered the row and sat down in our seats. It feels like we have been holding on to each other's hands just as tightly in the last 43 years".

Tom puts a few rubber bands around the folders with the cards, so he won't lose any, and puts them carefully in the save box. He hopes he might take these out to re-read them from time to time. Of all the mementos of his 40 plus years in medicine, it would not be the scientific papers he had written or any wall

plaque, but instead these cards that best embodied his life's work. After the shock of a life-changing diagnosis when one day a man was concerned about their 401K and the next his world was blown apart, Tom had, if only for a short time, been able to lighten a burden. These cards are his evidence of this tiny truth.

Tom has a church-going friend who does not believe in a random universe, asserting instead that God has a plan for their lives. After 40 years of being a cancer doctor, Tom wasn't sure what to think about the God's plans, especially for his younger patients. Like most everyone else, he would have wished for more time. But nonetheless, if God did have had a plan for him, He chose a good one for Tom Murphy. He thinks that this one black and white box labeled Bacardi, that once held rum, and now holds almost everything he needs to take from this office is, after all, enough.

Spring Hope

Laurie Sammons, BA, RDMS
Sonographer Practitioner, Department of Radiology



Covidthesia

Kimberly Ann Wetherbee, Administrative Assistant
Department of Anesthesia

Morning after morning

The endless parade.

Morning after morning.

The endless demand.

More. Always more.

Ever strong.

Ever strong..

Ever strong...

Exhausted.

Morning after morning.

The endless endless.

Never giving in.

Never giving up.

Morning after morning.

To Love is to Sacrifice

Rebekah John

Farr 8 Unit Coordinator, Cardiac Surgery

To
love
is
to Sacrifice Self
To
love
is
to Sacrifice Time
To
love
is
to Sacrifice Finances for Others
To
love
is
to be
Venerable
opening up one's self
to
be
Hurt
time and time again
To love
is to send out
Healing
To
love
is
to Give
Expecting Nothing in Return
To love
is
to Impart
Smiles to others
To love is to feel Compassion
To love is to feel Empathy
When you love
Action
Flows
Naturally
From
you
To Love is to Sacrifice

Saint Patrick's Day on Mission Hill

Harrison Ford, Research Administrator
Department of Research and Academic Affairs



The Accumulation of Life

Trisha Mukerjee, Emergency Department Technician
Department of Emergency Medicine

“Are you going to the St.Patty's parade? The one in Boston, where does it go down again? No, the one in New York City actually. My father and I used to go to the St.Patty's day parade. Every year.” She was a woman in her nineties, on the bedpan, her memory going in and out. Hope was on the other side of the stretcher, with an expression of endearment. “My brothers always refused to go, but I'd go. Every year with my father.” There was silence. We turned away to give her some privacy. Hope turned on the faucet.

“What's that up on the ceiling? Is it a spider?” Hope reassured her that it was just a crack that looked like a spiderweb. A nurse popped into the room to tell the woman that someone was here to visit her. “My father?” she exclaimed. “No sweetie,” the nurse responded, “it's your husband.”

When I started working as a tech in the emergency department, I was struck by how much of the job was assisting elderly patients in activities of daily life: assisting them with going to the bathroom, re-positioning them so that they are in comfortable positions, ordering them food when appropriate, etc. Of course, I knew the ED wouldn't be how medical serials portrayed them, with their dramatic codes, gory traumas and residents making out in the breakroom. Instead the majority of patients I have encountered are people with chronic conditions, generally older folks, who are in need of stabilization before proceeding to the next step of care.

With any patient, the way in which they present is like an iceberg: only a sliver of it is fairly obvious and visible; the remainder - the underlying cause of the condition - is buried below the water, below eyesight. The mountain of labs and scans strive to elucidate this. With elderly patients, the silver that we see is astronomical. We see both the conditions they've been diagnosed with & the ones they have yet to be diagnosed with; the conditions they have active complaints about & the ones that have been rendered nuisances. Then there are the marks of aging: from the bruises on their frail arms from numerous venipuncture pricks to the tender forgetfulness of Alzheimer's. Most of all we see what most would call a deteriorating quality of life.

And what do we feel as the ones providing care, all notably younger & healthier? We commiserate. We feel a silent pity for the elderly folk who can no longer live as they please. We are touched by their stories. We empathize & empathize until we feel our own fear creep up. We will one day be there, will one day age too. Reach a threshold where the medical conditions start to add up. We gulp it down. Fear and all.

My father, a physician himself, once told me that back when he was young, people would specialize in geriatric medicine, but that today all medicine is geriatric. People are living longer and longer; technology and treatment is getting better and better. Of course, he added, when people live

longer, they're also more likely to get complications. But here's the thing, aging isn't a disease. It's a natural progression. He kept repeating this for a few minutes, rocking in his chair, full of contemplation, in an almost senile way. I wasn't sure who he was trying to convince.

I had another patient who came in for abdominal pain but was experiencing a condition known as Charles Bonnet Syndrome. As she couldn't see, I was assisting her eat some graham crackers and sip some orange juice.

"I see children. All around us. See, right there! There are two children," she pointed at the sides of the stretcher. "They are looking at me, smiling. We're at a park. We're at the park & it's sunny outside. It's beautiful. The sky is blue."

"I'm sure whatever you're seeing," I assured her, "is much better than what's in here. Just a bunch of cables and beeping monitors."

"But don't you see?" She sounded exasperated. "It's all made up. It's not really there."

"Well isn't everything made up." I chuckled. Realizing she hadn't found my characteristic Gen Z sardonic angst all that humorous, I stopped. I genuinely wanted to offer some words of comfort. I had nothing except some "reality-sucks-I-mean-c'mon-look-at-what's-happening-in-the-world". But who cared about the world; her personal world was crumbling, and it was crumbling acutely in the most disorienting way possible.

"But what about the woman who lost her vision all of a sudden and started seeing hallucinations?" I asked him. "Isn't that scary?"

"I don't know. Aging isn't a disease," my father repeated, with a didactic rhythm. "Take my patient who's 65. His parents are both in their nineties. Had colon cancer, COPD, a hysterectomy, skin cancer, stroke, diabetes, you name it. But they're still living. Can't do anything for themselves, except watch TV all day. Luckily, they have one of those classic, close-knit families, so someone's always checking in on them."

"But what about quality of life?"

"What about quality of life? People have to understand aging is a natural progression. It isn't a disease."

In my mind, I imagine the possibility. A magma rock overcome by the shrivels and frills of time and motion. Once liquid, now solid. Caked with layers and little air pockets. Existing stoically with a secret vitality. Being as alive as the magma that once formed it

Early Morning Sunrise

Rebekah John
Farr 8 Unit Coordinator, Cardiac Surgery



Presentimiento: Gut Feeling

Marco Noriega, MD

Research Fellow, Gastroenterology, Department of Medicine

El Presentimiento

A veces sueño despierto,
Que lo que siento será realidad,
No es promesa sino sentimiento.
Viandante en el pasillo
O en la mariposa del ombligo
De todo aquel que pasa por
Un diagnóstico desconocido.
No eres tú,
Ni yo,
Somos todos.
El que barre,
La que escucha.
Así todos ayudamos,
A que solo sea
Una mariposa más
En el olvido.

Gut feeling

Sometimes I daydream
That my dreams are real,
It's not a promise but a feeling.
Wayfaring the halls
Of butterflies in the belly
Of all who pass by
One unknown diagnosis.
It's not you,
Or me,
It's us.
The ones that sweep,
The ones that listen;
We all come together,
So that butterfly is just another dream.

Attitudes

Rebekah John
Farr 8 Unit Coordinator, Cardiac Surgery

It can be sweet like honey

Sour like lime

Acidic like vinegar

Slippery and slithering like that of a snake, venomous

Attitudes are powerful they can attract or they repel

Attitude, what's your fragrance?

Sweet like jasmine

Refreshing like citrus

Sour like lemon

Pungent like garlic

What messages are our attitudes publishing in advance about us?

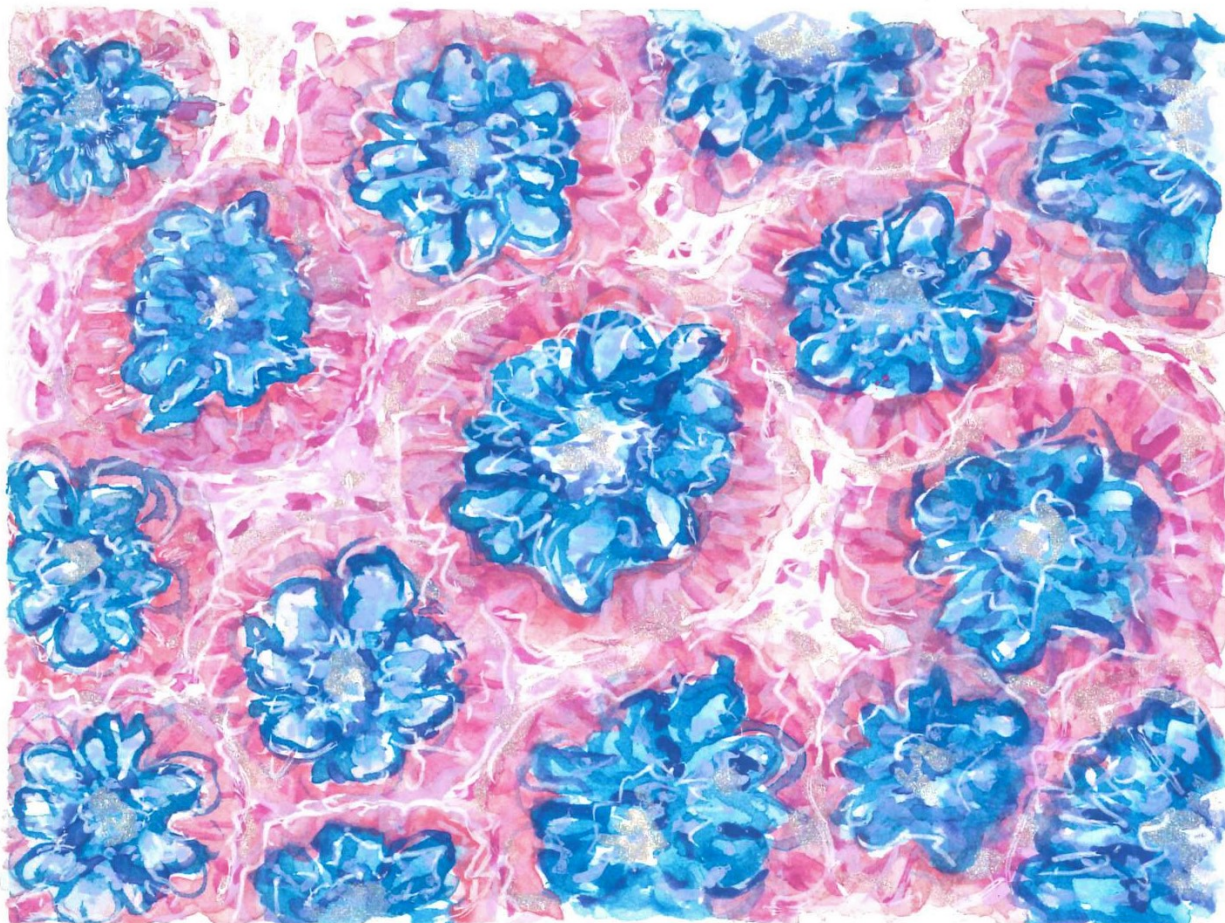
Like perfume it travels ahead and long after the top notes, the middle notes, base notes lingers behind

A memory has been born

Attitude, what's your fragrance?

Alcian Blue Daisies

Lily Mahler, MD
Department of Pathology



This piece is inspired by an alcian blue stain of normal colonic mucosa, which highlights mucin-filled goblet cells

So Pleased for the Company

Janet E. Fantasia RN, BSN
Ambulatory Nurse Care Manager

The horse and carriage, black on white,
on your storm door never travelled-like you,
now marooned on the third floor.
Up the winding staircase I climbed,
so narrow and dark, my nurse's bag pressed
against the wall because there was no bannister.
Up another flight
and I arrived at your door.

Short and stout, in your seventh decade,
you greeted me, so pleased for the company.
Wispy gray hairs matted to the outline of your head
and a thin cotton housecoat covered
the slip hanging below in sagging bands.
The canvas sneakers with no laces
had frayed worm holes
from unseen assaults.

Your tiny kitchen, nondescript,
bland walls and linoleum dulled with age
and everything covered with traces of cat hair.
A fine mist of fur pervaded the air.
Three felines in various stages of health and care;
if they weren't swirling around us,
cat food morsels scattered on the floor
belied their presence.

I examined you with good reports,
your ankles, purple clusters of burst tributaries.
You weebled past the farm sink, the faucet's
constant drip noticeable in the momentary quiet.
My son's coming to fix that, you said.
You beckoned me into the parlor
where the old box fan provided
the only relief from the summer heat.

Sitting on the red velveteen couch framed
by three slits veiled in gray nylon, I was now your guest.

The garage across the alley offered the scent of petrol
and the clang of tools thrown against the oily cement.
You set the water bubbling for pasta
and dished anecdotes from half your life as a waitress
at Blinstrub's. Reaching into the wardrobe, you excitedly
showed me your uniforms still hanging and yellowed with age.

Out you came with a thick photo album
with group pictures from the restaurant featuring
a younger, trimmer you and celebrities
who occasioned your establishment.
Twittering, you regaled me with tales behind the scenes-
clergy who had libations other than tea or coffee in their china cups.
Giddy with anticipation, you shuffled in with a tray of raviolis,
and we sated ourselves with food and stories of our adventures.

Lichens on a Rooftop

James V. Rawson, MD, FACR, FAUR
Department of Radiology



Good “Morning”

Trisha Mukerjee, Emergency Department Technician
Department of Emergency Medicine

Walking in is teleportation. To a world of eggshell walls, strewn blankets & speckled floor. There’s a pair of automatic doors between the lobby and the emergency department. The lobby, as the last place with windows and the forefront of where patients enter, is presentable. Comforting. Sure, the decoration is lacking cohesion. But it is still heavily tied down to *this* world. The hustle bustle world of waiting rooms, orderly offices, and 9-5 business days.

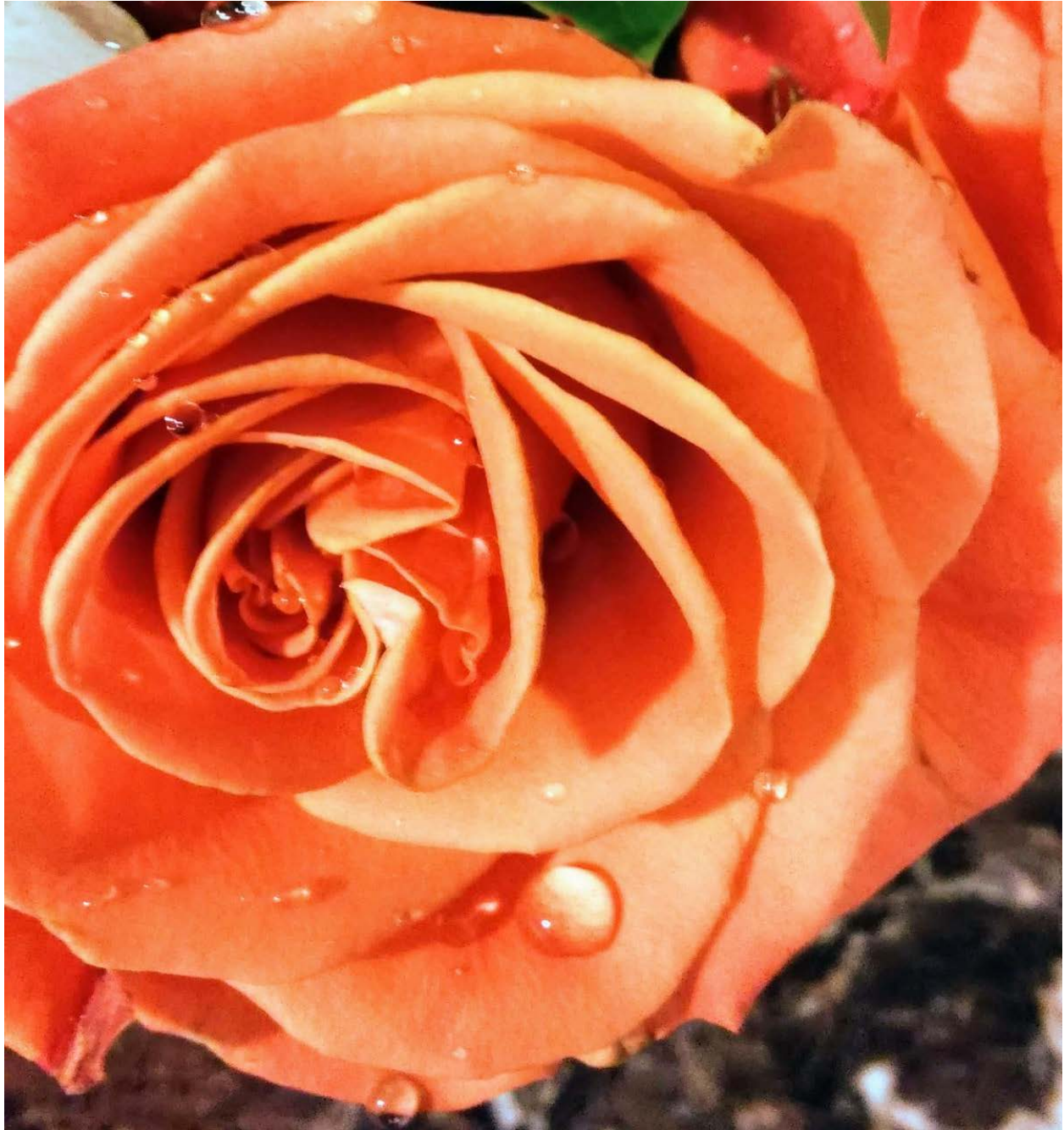
Crossing this threshold, I take my last breath in *this* world and take my first breath of the liquid stillness of static air that dominates the ED. I transform from human to super-humanoid creature, lungs transforming to gills. Can I shapeshift? Perhaps that’s too metaphorical. But time certainly does. And for once, she exists in her truest form: amorphous, like invisible sand slipping through the fingers, no longer bound to silly clocks or the position of the sun in the sky.

Everyone conceptualizes the ED as a noisy place, and it certainly can be; but for a brief moment, in a matter of seconds, a breath, everything is muted. I round the corner. Immerse myself in the Core. And a new form of hustle bustle starts to pervade me. It crawls onto me, first my arms, then all over. I wonder how long it’s going to take, these nebulous 12 hours. Sound returns. And I hear it all: the sputtering of multiple alarms going off, people hacking up bodily fluids, voices talking, voices callin -

Mood Lifter

Rebekah John

Farr 8 Unit Coordinator, Cardiac Surgery



Cerebral Wasteland

Sesedzayi Peresuh, Quality Assurance Officer
BIDMC Barouch Medicine Vaccine Research

No one could have predicted what happened. It started off with a global pandemic and in the midst of the frenzy to make sense of it all a sequence of catastrophic events unfolded that nearly destroyed the human race. People now lived in quarantined colonies of man-made domes, shielded from the lethal fog that had settled over the earth. What started out as safe havens from the toxic atmospheric gasses became slums of corruption, greed and segregation...

Raine worked in a bioengineering factory division that manufactured CATCONs. These were sophisticated gas masks that operated as catalytic converters making the toxic air breathable in the event that the military or engineers had to leave the domes on assignments. Raine stole one and spent months modifying it to make it suitable for spending extended periods in the fog. The night finally came when she would escape. She had dug a hole in her basement living quarters to a shaft that led to the underground tunnel system. With no family or friends to bid farewell, Raine made a run for it.

Raine trekked as far east as possible. Her CATCON night vision only allowed her to move so fast in the knee deep fog. She continued her journeying by night and resting during the day for weeks. Then one day, she realized she was in a familiar city. She warily crossed the bridge laden with vines. A thick fog settled over the chemical sludge that used to be the river. The destitute streets and abandoned buildings gave off an eerie glow as the glistening moon cast its light on everything in its path. Raine took a moment to scan the area before proceeding. The whole street was a junkyard for stationary cars and other deserted objects that were dilapidated by the weather elements. The weathered buildings groaned as the night wind blew as if they would topple over like dominos. Raine's CATCON beeped, signifying she needed to change the batteries. She turned off the night vision and was taken aback at how bright the moon was. She looked up at the sky and for the first time noticed the brilliance of the stars. Something she had never experienced. Cautiously, Raine made her way to the hospital. Just as she stepped on the shattered glass that used to be the entrance she heard the sound of military drones approaching.

Although the building was nearly unrecognizable with the infestation of vegetation, Raine knew exactly where to go. She made her way through a maze of corridors. Making sure to stay out of sight where windows exposed her to the drones hovering outside. She recognized the office even in the dark of the night and the sign was covered in dust. She remembered the place that often consumed her father's time. A chill enveloped Raine as she made her way to the desk that used to be so majestic when she was a child. Almost everything had been scattered on the floor. It must have been raiders who had cleared the desk in search of supplies. Even in the chaos, Raine recognized the drawing she had gifted her father when she was four years old. He'd had it framed. Raine picked it up and dusted it off. She laid down on the table and hugged the frame. Even under the mask, with her eyes shut, tears trickled down the side of her face.

Raine's chest rose and fell ever so subtly, vapor collected on the gas mask on her face and tears trickled down the side of her face even though her eyelids were taped shut. Dr Blake stood in the observation room of the OR he had operated in numerous times before and he had never been as nervous as he was today. His daughter, Raine, had been diagnosed with a rare brain tumor and everything had progressed so quickly that he had barely caught his breath before the emergency surgery was scheduled. And now there she was, helpless on the cold steel table. Was she aware of what was going on around her? Could she hear the prayers he unceasingly murmured? Was she still fighting to come back to him?

Taking Back the Badlands

Corinne Jansen, MD

Department of Obstetrics and Gynecology



The Process of Healing

Sarah Michelle Clark

Editorial Associate, Department of Medicine

Nonconsensual.

Not agreed to by one or more of the people involved. No desire for self-centered pleasure.

No, maybe, not today, I am not ready.

Two out of three teenagers are victims of sexual assault, 82 percent of all victims under 18 are girls. When senators disguise assault as “Teenage dating habits,” they refuse accountability.

Sex Education Collaborative states:

New York does not need to teach sex education, does not need to teach consent.

But they do *need* to stress abstinence, as if abusers honor morality.

Freshman year of college she finds the terms of her trauma. *No, maybe*, and estimates on when she *would be ready* is not consent, but a victim can't report what they don't know.

Purity culture defines her as *damaged goods*, no use to her future husband, as if she is property waiting to be owned. Her land is destroyed by a trespasser, but school did not *need* to teach that.

Abusers say, “She could have ruined my life,” but there was no concern for the harm done to hers. Therapy for the damage no one noticed. Pills for panic attacks, time bombs he set that tick ‘til zero. Lovers leaving because she has broken parts that demand a patient crafter. Her abuser was a trusted map, but he gifted her a broken compass.

Studies show trauma affects memory.

The formative years of her life is a puzzle with misplaced pieces, and she finds them years later in unexpected places.

The grocery store. Small bathrooms. Theme parks.

Miles away from where the pieces were scattered, she finds

them. She collects the pieces, connects them as they are found.

Slowly, she sees herself as a child, and she is at peace.

One

Brenda Sheridan MSN, RN
Informatics Nurse, Infectious Disease, Department of Medicine

One at a time.

Just one.

No one.

I understand.

It is a crisis.

But still.

Even though

it was better than none,

One was never enough.

Evening Sunset

Rebekah John
Farr 8 Unit Coordinator, Cardiac Surgery



Servant of the People

Cassandra R. Duffy, MD

Maternal-Fetal Medicine, Department of Obstetrics and Gynecology

In all roles we seek to serve
Others, ourselves
Maybe other demons

My father drives a truck out West
And sends bad hymns he writes to me
Born again when
License lost

In all professions, good and bad
And dignity of course
Of course!
For the surgeons, yes
And the surgeons-turned-truckers
And the TV stars-turned-politicians

Driving a tractor trailer
Facing war
How the weight lies
in those servants of the people
Oh but the people

Ode to Aging Bodies

Trisha Mukerjee, Emergency Department Technician
Department of Emergency Medicine

I've been thinking about movement & form, the
juxtaposition of it all. Old bodies, with their softening
architecture, like butter, the body overwhelming it's own
contours, seeping into one continuous line like a doctors scribbled signature: loop into loop, warm
soft flesh spilling out of johnnies & withered hands with skin that scrunches up like a disordered rug.
Now I see bodies the same way a sculptor does,
No longer afraid, just simply made aware of.

We are Each Other's Keepers

Rebekah John
Farr 8 Unit Coordinator, Cardiac Surgery

Do we know and recognize that we are each other's keeper?

Daily we have the opportunity and ability to impact someone's day / life in a positive manner.

Because we don't know the mental and emotional space someone may be in on any given day as they walk the corridors, as telephones are answered, as we interact with our co-workers and colleagues we have the opportunity to bring sunshine into someone's day.

Let's be aromatherapy for each other.

Let's model respect for each other.

Let's be sunshine for each other.

Let's be a bridge for each other.

Let's be a branch for each other.

All you may have to do is give a smile that flows from your eyes.

Smile through your voice on the telephone.

Acknowledging someone's presence by simply saying good morning.

Upon entering on the respective floors a simple hello / hi would be lovely.

These tiny acts can and will make someone's day.

Words create feelings.

Positivity goes a very long way.

The amazing thing is this; it does not cost us a huge amount of money or a huge amount of time to do these tiny acts on a regular basis.

Tiny hinges open large doors.

Little acorns evolve into giant oak trees.

Within our work community let's please remember that we are each other's keepers!

CADUCEAN LIGHTS

A MAGAZINE OF ART AND LITERATURE

E-mail: litmag@bidmc.harvard.edu
West Campus, Deaconess Building
One Deaconess Road, Suite 305
Boston, MA 02215